File Original and First Copy with Department of Ecology Second Copy — Owner's Copy Third Copy — Driller's Copy

## WATER WELL REPORT

STATE OF WASHINGTON

| Application | No. |  |
|-------------|-----|--|
|             |     |  |

| Permit | No. | <br> |
|--------|-----|------|

| (1) OWNER: Name FNANK GARRISON  | Address 1283 SO FLOER BAYR  | d CH               | HANO J                   |
|---|---|--------------------|--------------------------|
| (2) LOCATION OF WELL: County Island   |   |                    |                          |
| Bearing and distance from section or subdivision corner   | 74 1979   | granti, reigi      | ,                        |
|   | (10) WELL LOG:  |                    |                          |
| (3) PROPOSED USE: Domestic   Industrial   Municipal   Irrigation   Test Well   Other                        | Formation: Describe by color, character, size of material show thickness of aquifers and the kind and nature of t | and struche materi | cture, and<br>al in each |
| (4) TYPE OF WORK: Owner's number of well (if more than one)   | stratum penetrated, with at least one entry for each chemical MATERIAL  | FROM               | TO                       |
| New well Method: Dug Bored  | P 1   | 7 11011            | 3 2                      |
| Deepened Cable Driven   | Clayey sand   | 33                 | 50                       |
| Reconditioned Rotary Jetted   | 92246/  | 50                 | 224                      |
| (5) DIMENSIONS: Diameter of well inches.  | Clayer Sand   | 224                | 230                      |
| Drilled 432 ft. Depth of completed well 432 ft.   | 922 40/   | 230                | 3/7                      |
| (c) CONSTRUCTION DETAILS.   | hand pan  | 3/7                | 32 7                     |
| (6) CONSTRUCTION DETAILS:   | Sand  | 322                | 350                      |
| Casing installed: "Diam. from   | blue clay   | 337                | 400                      |
| Threaded  | med sind  | 400                | 407                      |
|   | C/2Y  | 407                | 415                      |
| Perforations: Yes   No  | clayen saind  | 410                | 424                      |
| Type of perforator used   | 972×e/  | 424                | 432                      |
| SIZE of perforations  |   |                    |                          |
| perforations from ft. to ft.  |   |                    |                          |
| perforations from ft. to ft.  |   |                    |                          |
| G   |   |                    |                          |
| Screens: Yes No \( \square\) No \( \square\) Manufacturer's Name \( \sqrt{266.0.5.0.0} \)                   |   |                    |                          |
| Type Model No. 304  |   |                    |                          |
| Diam. Slot size 20 from 422 ft. to 42.7 ft.   |   |                    |                          |
| Diam. Slot size 2.5 from 42.7 ft. to 4.3 ft.  |   |                    |                          |
| Crowd pocked:   |   |                    |                          |
| Gravel placed from ft. to ft.   |   |                    |                          |
| Graver placed from It. to   |   |                    |                          |
| Surface seal: Yes - No - To what depth?ft.  |   |                    |                          |
| Material used in seal Dentonte a Clay   | D <sub>A</sub>  |                    |                          |
| Did any strata contain unusable water? Yes No   | 150   |                    |                          |
| Type of water?  | 1   | VED                |                          |
|   | 050   | VA                 |                          |
| (7) PUMP: Manufacturer's Name   | HEALTH DECOUNT  | -0                 | -                        |
| Type: H.P.  | EAL AND 194   | 50                 | -                        |
| (8) WATER LEVELS: Land-surface elevation above mean sea level 3 7 9 ft.                                     | 7700  | 0                  |                          |
| above mean sea level  | 000//   |                    | -                        |
| Artesian pressure lbs. per square inch Date   | Apxy  | T                  |                          |
| Artesian water is controlled by(Cap, valve, etc.)   |   | `A                 |                          |
| (Cap, vaive, etc.)  |   | 17                 |                          |
| (9) WELL TESTS: Drawdown is amount water level is lowered below static level                                |   | 10                 | 5                        |
| Was a pump test made? Yes \( \sigma \) No \( \sigma \) If yes, by whom? \( \sigma \) miller                 | Work started 19/11 , 19 % Completed 11  | <u> </u>           | , 19                     |
| Yield: /5 gal./min. with 4 ft. drawdown after 4 hrs.  | WELL DRILLER'S STATEMENT:   |                    |                          |
| n n n   | This well was drilled under my jurisdiction a   | and this           | report is                |
| n n n   | true to the best of my knowledge and belief.  |                    |                          |
| Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level) |   |                    |                          |
| Time Water Level   Time Water Level   Time Water Level  | NAME (Person, firm, or corporation)   |                    |                          |
| 400 383   |   |                    |                          |
| 0.02 379  | Address 797 N Smith Rd Cam  | a.n.u.             | 15 Wa                    |
|   |   | 98                 | 292                      |
| Date of test 1.1/3 /8.0   | [Signed] and Tlaunkel   |                    |                          |
| Bailer test gal/min. with ft. drawdown after hrs.   | (Well Driller)  |                    |                          |
| Artesian flow   | License No. 2 2 4 7 Date/// 25  | 7                  | , 19. 8                  |
| remperature of water was a chemical analysis mader res () No  | Dater, J. Marin,  |                    | , 10                     |



## Well Tagging Form

Unique Well Tag No: APH038 RECORD VERIFICATION (check / one) Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you) Verification inconclusive APR 1 6 2007 DEPT. OF ECOLOGY Well Report not available WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT Name: North Porter Estates Water Co. Street Address: 627 S EAST CAMANO DR City: CAMANO ISLAN State: WA WELL LOCATION IF DIFFERENT FROM WELL REPORT Well Address: 3620 E Camano Dr/R33024-506-0160 City: Camano Island County: Island T. 30N R. 03E W.M. Sec. 24 NW 1/4 of the NW 1/4 FOR AGENCY USE ONLY **GPS** Latitude: 48 4.728526 Topographic Map Longitude: 122 22.57389 Survey Computer generated Elevation at land surface 383 (feet ) meters (circle one) **Digital Altimeter** Topographic Map Additional Information, if available: Other: Computer Generated from **DEM and GPS XY Coordinates** Location marked on topographic map (please attach) Tag placed and well PUBLIC HEALTH GPS'd by: Location marked on air photo (please attach)

## FOR A OFFICE MINE SOM W

|           | 10 m          |             |            | WELLCHARACTERISTICS                     |
|-----------|---------------|-------------|------------|---|
| Physica   | al Descri     | ption of    | well (size | of casing, type of well, housing, etc.) |
| Brown     | <u>Pumpho</u> | use in F    | ront Yard  |   |
|           |               |             |            |   |
| Locatio   | n of Wel      | ll ldentifi | cátion Tag | g:                                      |
|           |               |             |            |   |
|           | ٠.,           | •           |            |   |
| Was su    | ıpplemei      | ntal tag r  | needed for | r easy of identifying well? Yes No      |
| If yes, w | here wa       | s tag pla   | ced?       |   |
| •<br>D    | С             | В           | Α          |   |
| E         | F             | G           | Н          | SECTION: <u>30N/03E-24</u>              |
| М         | L             | K           | J          |   |
| N         | Р             | Q           | R          |   |
| СОММ      | ENTO.         |             |            |   |
| COIVIIVI  | EN 15:        |             |            |   |
|           |               |             |            |   |
| F         | FOR I         | <u>E</u> CO | LOG,       | Y WATER RESOURCES PROGRAM ONLY          |
|           |               |             |            |   |
| Nater R   | ight #        |             |            | Date Issued:                            |

Circle One:

Application

Permit

Certificate

Claim

Exempt